State: New York

Attachment 2.2-A

Page 23d Groups Covered Citation(s) B. Optional Coverage - Other Than Medically Needy (Continued) The following reasonable classifications of children described above who are under age ___(18, 19) with family income at or below the percent of the federal poverty level specified for the classifications: (Add Narrative Description(s) Of The Reasonable Classification(s) And The Percent Of The Federal Poverty Level Used To Establish Eligibility For Each Classification.) 1902(e)(12) X 21. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be of the Act eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above. 1902(A) of the Act 22. Children under age 19 who are determined by a "qualified entity" (as determined in §1902(A)(b)(3)(A)) based on preliminary information, to meet the highest applicable income

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If the application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

criteria specified in this plan.

OFFICIAL

TN 99-02 Approval Date Jun 2 9 1999
Supersedes TN New Effective Date Jan 1 1999

Revision: HCFA-PM-91-4

HCFA-PM-91-4 AUGUST 1991 OFFICIAL

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OMB NO.: 0938-

State:

New York

Agency* Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 35.301

This plan includes the medically needy.

<u>/_/</u> No.

 $\angle X$ Yes. This plan covers:

 Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I) of the Act Individuals under age 18 who, but for income and/or résources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

91-78

TN No.
Supersedes

Approval Date MAF

MAR 1 1 1992

Effective Date OCT 1

HCFA ID: 7983E

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1991

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

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State: New York

Agency*	Citation	(S)		Groups Co	vered	
		C. Optional	Coverage	of Medicall	y Needy (Continued)	
1902(the A	e)(4) of	Octobe as med Medica is dee Medica for or	er 1, 198 dically naid on the med to haid on the med to haid on the med to th	eedy and is e date of th ave applied e date of bi o long as th	who is eligible	e for le le
42 CF	°R 435.308	5. <u>/x</u> / a.	describe under th	d in section e age of or under agudents in a	e individuals who are not C.3. above and who are ge 19 who are full-time secondary school or in rel of vocational or ining	e :
		<u>_</u> / b.	eligible	le classific individuals 8 as specifi	ations of financially under the ages of 21, ed below:	20,
			as	suming full	or whom public agencies or partial financial and who are:	are
			(a)	In foster h	nomes (and are under th	e age
			_ (b)	In private the age of	institutions (and are).	under
91	-78					
TN No.	Alow	Approval Date	NA	R 1 1 1992	Effective Date OCT 1	1991
TN No	Mem				HCFA ID: 7983E	

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 25a OMB NO.: 0938-State: New York Agency* Citation(s) Groups Covered C. Optional Coverage of Medically Needy (Continued) (C) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of _ ____). (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____). (3) Individuals in NFs (who are under the age of _____). NF services are provided under this plan. In addition to the group under (b)(3), (4) individuals in ICFs/MR (who are under the age of ____ Individuals receiving active treatment as (5) inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan. Other defined groups (and ages), as (6) specified in Supplement 1 of ATTACHMENT 2.2-A.

91-78

TN No. Supersed New Approval Date TN No. New Approval Date

Effective Date OCT 1 1991

HCFA ID: 7983E

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New York State:

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 /x/ 6. Caretaker relatives.

42 CFR 435.320 \sqrt{X} 7. Aged individuals.

and 435.330

Agency*

42 CFR 435.322 /X/ 8. Blind individuals. and 435.330

42 CFR 435.324 \sqrt{x} 9. Disabled individuals. and 435.330

10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy 42 CFR 435.326 /X/ individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

11. Blind and disabled individuals who: 435.340

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1943 continue to meet the December 1973 eligibility criteria.

MAR 1 1 1992 TN No. Approval Date Supersed TN No.

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OCT 1 1991

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(BPD

October 1991

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OMB NO.: 0938-

State: New York

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimu enrollment period of _____ months.

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(MB)

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Page 23a OMB NO.:

	State/Territory: New York			
Citation	Groups Covered			
В.	Optional Groups Other Than the Medically Needy (Continued)			
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of months.			
1902(a)(10)(F) and 1902(u)(1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.			

TN No. Approval Date MAR 1 1 1992 Supercedes TN No.

Effective Date OCT1 ESI HCFA ID: 7982E